

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary's Peaceful Haven, LLC	CHAPTER 100.1
Address: 2777 Kalia Street, Honolulu, Hawaii 96819	Inspection Date: August 11, 2020 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> Substitute care giver (SCG) #2 - No current tuberculosis (TB) clearance.	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">SCG #2: TB clearance completed 09-01-2020, copy filled in the Care Home Binder.</p>	<p style="text-align: center;">Sep. 01, 2020</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements, (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. <u>FINDINGS</u> All SCGs - No documentation of training to make prescribed medication available to residents. Submit copy for each with the plan of correction (POC).	<p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">PART 1</p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p> PCG, Trained SCG #1 and SCG #2 on separate days followed by actual properly check resident name, medications, Shegite, Route and gave meds. to Resident #1 and Res. #2, then recorded and initial med. flow sheets. </p> <p> NOTE: SCG #2 Imelda M. Richards, due to her present medical condition, she is NOT to perform as my SCG as of Aug. 13, 2020 until her PCP approval for her overall condition. PCG. Monica Patton 9-16-2020 </p>	<p> SCG #1 (see case) Aug. 13, 2020 SCG #2 (see case) Aug. 16, 2020 </p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (c) A metal stem thermometer shall be available for checking cold and hot food temperatures. <u>FINDINGS</u> No metal stem thermometer to check cold and hot food temperatures.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1.) MISPLACED STEM THERMOMETER AND WAS FOUND INSIDE THE REFRIGERATOR IN-BETWEEN CONTAINERS OF REFRIGERATED FOODS, WASHED IT AND PLACED INTO DESIGNATED LOCATION.</p>	<p style="text-align: right;">OCT. 15, 2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (c) A metal stem thermometer shall be available for checking cold and hot food temperatures. FINDINGS No metal stem thermometer to check cold and hot food temperatures.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>1) TRAINED AND INFORMED SCGS THAT IT IS VERY IMPORTANT TO RETURN THE STEM THERMOMETER INTO THE DESIGNATED LABELED POCKET AFTER EVERY USED AND WASHED, TO AVOID MISPLACEMENT.</p> <p>2) LABELED POCKET FOR THE STEM THERMOMETER IS HANGED BETWEEN THE REFRIGERATOR AND STOVE, A VISIBLE LOCATION WHENEVER THE PCG OR SCGS NEEDS IT FOR EASY CHECKING TEMPERATURES, HOT OR COLD FOOD.</p>	<p style="text-align: right;">Oct. 15, 2020</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (f) Toxic chemicals and cleaning agents, such as insecticides, fertilizers, bleaches and all other poisons, shall be properly labeled and securely stored apart from any food supplies. <u>FINDINGS</u> Miracle Gro plant fertilizer and Rainx cleaner (two bottles) unsecured at the back of the ARCH.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p> <i>Yes, Placed back the Miracle Gro And 2 bottles of Rainx in the designated storage and locked</i> </p>	<p style="text-align: right;"><i>Aug 17, 2010</i></p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications, (e)</u> All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. <u>FINDINGS</u> Resident #1 - "Celebrex po, "multivitamin tablet, "omega-3 acid ethyl esters 1 gram cap Take 2 caps" were listed on the after visit summary for visit on 8/6/20; however, the medication were not on the medication record/made available. There was no clarification or order to discontinue the medication.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>PCG Called Resident PCP Dr. Brent Nugent for previous records.</p> <p>1.) Celebrex P.O. was added by PCP dated Feb. 20, 2019</p> <p>2.) Omega 3 Acid ethyl cap, was added by PCP dated March 4, 2019</p> <p>Dr. Brent Nugent (PCP) signed add orders 3/16/2020</p>	<p style="text-align: right;">Aug. 14, 2020</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initiated by the care giver. FINDINGS Resident #1 - "Atorvastatin calcium 20 mg tab Take 1 tablet orally daily" ordered 3/10/20; the medication record did not include "20 mg" on the medication records for July 2020 and August 2020.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PCG, Rewrite Resident #1 medication Plan sheet for July and Aug. 2020.</p>	<p style="text-align: center;">Aug-12, 2020</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #1 - No current TB clearance. Last TB clearance 12/26/18. Submit a current copy with the POC.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>Resident #1, TB clearance updated 9/8/2020</i></p>	<p style="text-align: center;"><i>9/8/2020</i></p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p><u>FINDINGS</u> Resident register did not reflect two (2) admissions on 7/2/20.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1.) PCG RECORDED RESIDENT #1 AND RESIDENT #2 INTO THE RESIDENTS' REGISTRY.</p>	<p>08.20.2020</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (g)(3)(B) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: There shall be a clear and unobstructed access to a safe area of refuge; <u>FINDINGS</u> The second exit screen door did not open freely. It was stuck in the door jamb and required effort to open.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;">PC6/SC6#3, Adjus Fed Accord Exit door by grinding</p>	<p style="text-align: center;">Aug-12-11 vvo</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> Bedroom #5 - Two pillows did not have pliable plastic pillow protectors.</p>	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>SC#1, changed 2 pillows in Rm #5. w/ pliable plastic pillow covers.</p>	<p style="text-align: right;">Aug 11, 2020</p>

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<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; <u>FINDINGS</u> Bedroom #5 - Two pillows did not have pliable plastic pillow protectors.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Pls to check each bedroom individually, place back all necessary protections like pillows & mattress.</p>	<p style="text-align: right;">Aug. 11 10:10</p>

Licensee's/Administrator's Signature:

Marcie DePalming

Print Name:

MARIE M. PATIL

Date:

Sept. 16, 2020

Licensee's/Administrator's Signature:

Marcie DePalming

Print Name:

MARIE M. PATIL

Date:

Oct. 22, 2020